, , , ,		U.S. F	Patent and Tr	rademark Office: L	through 07/31/2006. OMB 0651-0931 U.S. DEPARTMENT OF COMMERCE
ADEM Partie Pa	perwork Reduction Act of 1995.	no persons are required to respond to a col Application Number	10/072,402	-	displays a valid OMB control number.
TR	RANSMITTAL	Filing Date	2/8/2002	<u> </u>	
	FORM	First Named Inventor	Klein A. Ro	odrigues	
		Art Unit	1711		
(to be used for	all correspondence after initial fi	Examiner Name	OLGA ASI	NOVSKY	
	f Pages in This Submission	Attorney Docket Number	2002.ALC		
		ENCLOSURES (Check all	that apply	<i>a</i>)	
	smittal Form	Drawing(s) Licensing-related Papers		Appea	Illowance Communication to TC Communication to Board
Amendm A A A Extension Express Information Certified Documer Reply to Incomple	ee Attached ent/Reply Ifter Final Iffidavits/declaration(s) In of Time Request Abandonment Request on Disclosure Statement Copy of Priority Int(s) Missing Parts/ Ite Application Leply to Missing Parts Inder 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatio Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Address	Appea (Appea	Enclosure(s) (please Identify :
Firm Name	SIGNA	TURE OF APPLICANT, ATTO	RNEY, C	R AGENT	
	NATIONAL STARCH AND	CHEMICAL COMPANY			
Signature	Killerk	aisen			
Printed name	KAREN G. KAISER		,		
Date	3/8/2006		Reg. No.	33,506	
I hereby certify the sufficient postage the date shown be signature	nat this correspondence is be e as first class mail in an env	ERTIFICATE OF TRANSMISS eing facsimile transmitted to the USPT velope addressed to: Commissioner fo	O or depos r Patents, F	sited with the Un	ited States Postal Service with Alexandria, VA 22313-1450 on
	Judi	th Martoron	<u> </u>		
Typed or printed	name SUDITH MARTOR	RANO		Date	3/8/2006
-1.					

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Priver the Paperwork Redu	tion Act of 1995	no persons are required t	respond to a collec			
Fees pursuant to the Consol	lidated Annmoria	tions Act 2005 (H.R. 4818	,	(Complete if Know	<u>/n</u>
			Annlication N	lumber	10/072,402	
	_	MITTAL	Filing Date		2/8/2002	
j Fo	or FY 20	006	First Named	Inventor	Klein A. Rodgrigu	es Rodriqu
Applicant claims sma	all entity status	See 37 CER 1 27	Examiner Na	ıme	Olga Asinovsky	<u> </u>
		366 37 OF IC 1.27	Art Unit		1711	
TOTAL AMOUNT OF PA	YMENT (\$)	\$180.00	Attorney Doo	ket No.	2002.ALC	
METHOD OF PAYME	NT (check all	that apply)				
Check Credi	t Card $\square_{ m N}$	1oney Order N	ione Othe	r (please ide	entify):	
Deposit Account	Deposit Account	Number: 14-0455	Deposi	it Account Na	ame: NATIONAL S	STARCH & CH
For the above-ide	ntified deposit a	account, the Director is				
✓ Charge feet	(s) indicated be	low	Псь	arne fee(c)	indicated below, ex	cent for the filing
_		s) or underpayments o	((-)			cept for the ming
under 37 C	FR 1.16 and 1.1	17	<u> </u>	•	erpayments	
WARNING: Information on to information and authorization			information should	d not be inc	luded on this form. Pi	ovide credit card
FEE CALCULATION	All the fees	below are due upor	filing or may l	be subiec	t to a surcharge.)
1. BASIC FILING, SEA						<u>/</u>
5/1010 (12.1110; 02/	FILING F		ARCH FEES	EXAN	MINATION FEES	
Application Type	<u>S</u> Fee (\$)	mall Entity	Small Entity (\$) Fee (\$)	(Fee	Small Entity	Fees Paid (\$
Utility	300	Fee (\$) Fee		200		res raid (\$
	200	100 10		130		
l lecton	200					
Design		100 30	0 150	160	80	
Plant			0 4.50			
Plant Reissue	300	150 50		600		
Plant Reissue Provisional	300 200	150 50	0 250 0 0	600 0		0
Plant Reissue	300 200	150 50				Small Entity Fee (\$)
Plant Reissue Provisional 2. EXCESS CLAIM FI	300 200 EES	150 50 100			0	Small Entity Fee (\$) 25
Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 Each independent c	300 200 EES (including Relaim over 3 (i	150 50 100 eissues)			0 Fee (\$) 50 200	Fee (\$) 25 100
Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 Each independent c Multiple dependent	300 200 EES (including Relaim over 3 (including Relaims)	150 50 100 eissues) including Reissues)	0 0		0 0 <u>Fee (\$)</u> 50 200 360	Fee (\$) 25 100 180
Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims	300 200 EES (including Relaim over 3 (including Relaims Extra Claims	150 50 100 eissues) including Reissues)			Fee (\$) 50 200 360 Multiple De	Fee (\$) 25 100 180 pendent Claims
Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = -	300 200 EES (including Relaim over 3 (including Section Sectio	150 50 100 eissues) including Reissues) s Fee (\$) x =	0 0		0 0 <u>Fee (\$)</u> 50 200 360	Fee (\$) 25 100 180 pendent Claims
Plant Reissue Provisional 2. EXCESS CLAIM FI Fee Description Each claim over 20 Each independent of Multiple dependent Total Claims HP = highest number of to Indep. Claims	300 200 EES (including Relaim over 3 (including September 2) claims Extra Claims atal daims paid for Extra Claim	150 50 100 eissues) including Reissues) x Fee (\$) r, if greater than 20.	0 0		Fee (\$) 50 200 360 Multiple De	Fee (\$) 25 100 180 pendent Claims
Plant Reissue Provisional 2. EXCESS CLAIM FIFEE DESCRIPTION Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = Highest number of to Indep. Claims - 3 or HP =	300 200 EES (including Relaim over 3 (including Sextra Claims Extra Claims Extra Claims Extra Claims	150 50 100 eissues) including Reissues) x Fee (\$) x, if greater than 20. s Fee (\$) x =	0 0		Fee (\$) 50 200 360 Multiple De	Fee (\$) 25 100 180 pendent Claims
Plant Reissue Provisional 2. EXCESS CLAIM FIFEE Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of to Indep. Claims HP = highest number of indep.	300 200 EES (including Relaim over 3 (including Sextra Claim Sextra Cl	150 50 100 eissues) including Reissues) x Fee (\$) x, if greater than 20. s Fee (\$) x =	0 0		Fee (\$) 50 200 360 Multiple De	Fee (\$) 25 100 180 pendent Claims
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of to Indep. Claims HP = highest number of indep. Claims APPLICATION SIZI If the specification ar	300 200 EES (including Relaim over 3 (i claims Extra Claim tal claims paid fo Extra Claim dependent claims E FEE nd drawings e	150 50 100 eissues) including Reissues) s Fee (\$) x = 7, if greater than 20. s Fee (\$) x = 9 paid for, if greater than 3. xceed 100 sheets of	Fee Paid (\$) Fee Paid (\$) paper (excludin	ng electron	Fee (\$) 50 200 360 Multiple De Fee (\$)	Fee (\$) 25 100 180 spendent Claims Fee Paid (\$)
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of toto Indep. Claims HP = highest number of ind 3. APPLICATION SIZI If the specification ar listings under 37	300 200 EES (including Relaim over 3 (including Relaims Extra Claims Extra Claims Extra Claims dependent claims E FEE and drawings e CFR 1.52(e))	eissues) including Reissues) Is Fee (\$) x = - r, if greater than 20. Is Fee (\$) paid for, if greater than 3. xceed 100 sheets of the application size	Fee Paid (\$) Fee Paid (\$) paper (excludin fee due is \$250	ng electron	Fee (\$) 50 200 360 Multiple De Fee (\$)	Fee (\$) 25 100 180 spendent Claims Fee Paid (\$)
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of total Claims HP = highest number of inc 3. APPLICATION SIZI If the specification ar listings under 37 sheets or fraction	300 200 EES (including Relaim over 3 (including Relaims Extra Claims Extra Claims Extra Claims dependent claims E FEE and drawings e CFR 1.52(e)) thereof. See	eissues) including Reissues) Ins Fee (\$) I	Fee Paid (\$) Fee Paid (\$) paper (excludin fee due is \$250G) and 37 CFR	ng electron) (\$125 fo: 1.16(s).	Fee (\$) 50 200 360 Multiple De Fee (\$) mically filed sequents a small entity) for	Fee (\$) 25 100 180 pendent Claims Fee Paid (\$) nce or computer each additional
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of toto Indep. Claims HP = highest number of ind 3. APPLICATION SIZI If the specification ar listings under 37	300 200 EES (including Relaim over 3 (i claims Extra Claim tal claims paid fo Extra Claim dependent claims E FEE nd drawings e CFR 1.52(e)), thereof. See Extra Shee	eissues) including Reissues) x	Fee Paid (\$) Fee Paid (\$) paper (excludin fee due is \$250	g electron) (\$125 for 1.16(s).	Fee (\$) 50 200 360 Multiple De Fee (\$) ——— sically filed sequer r small entity) for	Fee (\$) 25 100 180 pendent Claims Fee Paid (\$) nce or computer each additional
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of total Claims HP = highest number of incomposition of the specification are listings under 37 sheets or fraction Total Sheets - 100 = 4. OTHER FEE(S)	300 200 EES (including Relaim over 3 (including Relaims Extra Claims Extra Claims Extra Claims dependent claims E FEE and drawings e CFR 1.52(e)) thereof. See Extra Shee	eissues) including Reissues) Ins Fee (\$) I	Fee Paid (\$) Fee Paid (\$) paper (excludin fee due is \$250 G) and 37 CFR each additional 5	g electron) (\$125 for 1.16(s).	Fee (\$) 50 200 360 Multiple De Fee (\$) ——— sically filed sequer r small entity) for	Fee (\$) 25 100 180 spendent Claims Fee Paid (\$) nce or computer each additional 5 (\$) Fee Paid
Plant Reissue Provisional 2. EXCESS CLAIM FIFee Description Each claim over 20 Each independent of Multiple dependent Total Claims - 20 or HP = HP = highest number of total Claims HP = highest number of ind 3. APPLICATION SIZI If the specification ar listings under 37 sheets or fraction Total Sheets - 100 = 4. OTHER FEE(S)	300 200 EES (including Relaim over 3 (including Relaims Extra Claims Extra Claims Extra Claims dependent claims E FEE and drawings e CFR 1.52(e)) thereof. See Extra Shee	eissues) including Reissues) x	Fee Paid (\$) Fee Paid (\$) paper (excludin fee due is \$250 G) and 37 CFR each additional 5	g electron) (\$125 for 1.16(s).	Fee (\$) 50 200 360 Multiple De Fee (\$) ——— sically filed sequer r small entity) for	Fee (\$) 25 100 180 pendent Claims Fee Paid (\$) nce or computer each additional 5

SUBMITTED BY			
Signature	MarenKuegen	Registration No. (Attomey/Agent) 33,506	Telephone 908-575-6152
Name (Print/Type)	KAREN G. KAISER		Date 3/8/2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Klein A. Rodrigues

Serial number: 10/072,402

Filing Date: 2/8/2002

Group Art unit: 1711

Title: HYDROPHOBE-AMINE GRAFT COPOLYMER

Examiner: Olga Asinovsky

SUPPLEMENTAL PARAGRAPHS TO USPTO 1449 INFORMATION DISCLOSURE STATEMENT

To Commissioner of Patents:

Sir:	Applicant requests that the information disclosed on the accompanying PTO Form 1449 be
consider	red by the Patent Office for the reasons checked here:

- [] It is being filed pursuant to 37 CFR § 1.97(b)(1) within three months of the filing date. No fee is required.
- [] It is being filed pursuant to 37 CFR § 1.97(b)(3) or (4) before the mailing date of a first office action on the merits. No fee is required.
- [] It is being filed pursuant to 37 CFR §1.97(c)(1), before the mailing date of a final action or before a notice of allowance accompanied <u>with the below statement</u>. No fee is required.

The information contained in the Information Disclosure Statement PTO form 1449 was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

- [] In the event that a first Office Action has already issued and is crossing in the mail with this information, it is being filed pursuant to 37 CFR § 1.97(c)(2), before the mailing date of a final action or before a notice of allowance and is accompanied with the fee set forth in §1.17(p). The Office is hereby authorized to charge the fee to Deposit Account No.14-0455.
- [x] It is being filed pursuant to 37 CFR § 1.97(c)(2), before the mailing date of a final action or before a notice of allowance and is accompanied with the fee set forth in §1.17(p). The Office is hereby authorized to charge the fee to Deposit Account No.14-0455.
- [] It is being filed pursuant to 37 CFR § 1.97(d)(1) and (2), after the mailing date of a final action or after a notice of allowance, but before or simultaneously with the payment of the issue fee, and is accompanied with the below statement and the fee set forth in § 1.17(p). The Office is hereby authorized to charge the fee to Deposit Account No.14-0455.

The information contained in the Information Disclosure Statement PTO form 1449 was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

03/13/2006 SHASSEN1 00000014 140455 10072402

01 FC:1806 180.00 DA

Karen G. Kaiser

Reg. No. 33,506 - Attorney for Applicant

Tel. 908-575-6152

National Starch and Chemical Company 10 Finderne Avenue, Bridgewater, New Jersey 08807

#68362

PTO/SB/08A (07-05)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

ler the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

Substitute for form 1449/PTO

Sheet

PART & TRAPENT

(Use as many sheets as necessary)

Complete if Known				
Application Number	10/072,402			
Filing Date	2/8/2002			
First Named Inventor	Klein A. Rodrigues			
Art Unit	1711			
Examiner Name	OLGA ASINOVSKY			
Attorney Docket Number	2002 ALC			

	U. S. PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant			
		Number-Kind Code ^{2 (# known)}			Figures Appear			
		US-						
		US-						
		US-						
		US-						
-		US-						
		US-						
		US-		-				
		US-						
		US-						
		US-						
		US-						
-		ÜS-						
		US-						
		US-						
		US-		Water, 1981 1981				
		US-		· · ·				
		US-						
		US-						
	 	US-						

FOREIGN PATENT DOCUMENTS							
	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages		
		Country Code ³ "Number ⁴ "Kind Code ⁵ (<i>if known</i>)	MM-DD-YYYY	, pp.	Or Relevant Figures Appear	1	
		WO 96/26650	9-6-1996	ROBINSONS SOFT DRINKS			
		EP 1 149 845 A2	4-26-2001	PAOLO C. TRUBIANO, ET A			
							

Examiner	Date	
Signature	Considered	
•		

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional). See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. Nind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. Applicant is to place a check mark here if English language Translation is attached.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.